

UCC-3 Form - Continuation

Original File Number: **201009303400** Original File Date: **12/3/2010 11:36:00 AM**

FILER INFORMATION

Full name: **CT LIEN SOLUTIONS** Phone: **(800)331-3282**

CONTACT INFORMATION

Contact name: **CT LIEN SOLUTIONS**

Street #1: **P.O. BOX 29071**

Street #2: **ORDER:48414175**

City: **GLENDAL** State: **CA** ZIP: **91209-9071** Country: **USA**

Notification Method: **E-MAIL** Email: **SOSACK@UCCDIRECT.COM**

DEBTOR INFORMATION

Org. Name: **TCI AMERICA, INC.**

Mailing Address1: **21 INDUSTRIAL COURT**

City: **SEEKONK** State: **MA** ZIP: **02771-2016** Country: **USA**

SECURED PARTY INFORMATION

Org. Name: **BANK OF AMERICA, N.A.**

Mailing Address1: **1075 MAIN STREET**

City: **WALTHAM** State: **MA** ZIP: **02451** Country: **USA**

TRANSACTION TYPE: STANDARD

COLLATERAL IS / ADMINISTERED BY:

ALTERNATIVE DESIGNATION: